

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AD IND		AD DEP		AD IND		AD DEP	
1	1							
2	1							
3	1							
4	1							
5	1							
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49	1							
50	1							
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								